

TAMALA HOLLAND
PARALEGAL SPECIALIST
REGULATED OFFICE
123-345-6789

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1					51				
2		1				52				
3	1					53				
4		1				54				
5		2				55				
6		2				56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13						63				
14			1			64				
15		1				65				
16			1			66				
17			1			67				
18			1			68				
19						69				
20			1			70				
21						71				
22						72				
23						73				
24						74				
25						75				
26			1			76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			5			TOTAL IND.				
TOTAL DEP.			15			TOTAL DEP.				
TOTAL CLAIMS			20			TOTAL CLAIMS				